PAGE 1 / 10

Image# 12954458406

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3A	For Other Than An Au	thorized Committe	ee		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type	12FE4M5	Coc doc drily
COMMITTEE (in full)		over the lines.	L	771. D.#M.2	
LIFEPOINT HOSPITA	ALS INC GOOD GOV	ERNMENT FUN	1D		
ADDD500 (103 POWELL COURT SU	ITE 200			
ADDRESS (number and street) ▼					
Check if different than previously	BRENTWOOD			TN , ,	37027
reported. (ACĆ)	BREINTWOOD				37027
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY 🛦	S	TATE 🛦	ZIP CODE ▲
C C00347955			NEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12 (Non-Election
_	Ap	or 20 (M4)	Jul 20 (M7)	➤ Oct 2	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-Day	Primary (12F	p)	General	12G) Runoff (12R)
July 15 Quarterly Report (Q2) PRE-Election	H		l I	
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (128)
January 31 Year-End Report (Floor	ion on	D D /	Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (300	ā)	Runoff (3	0R) Special (30S)
Termination Repor	Report for the:			·	
(TER)		ion on	D D /	Y	in the State of
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M 09	/ 30 /	2012
I certify that I have examined t	his Report and to the best of	of my knowledge and I	pelief it is true	e, correct and	I complete.
Type or Print Name of Treasur	er Penny Brake				
Pen	ny Brake	[Florence of	. E3. J	M M	/ D D / Y Y Y Y Y
Signature of Treasurer		[Electronically	v r uedj Da	ate 10	16 2012
NOTE: Submission of false, error	neous, or incomplete informati	on may subject the pers	son signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
Office					FEC FORM 3X
Use Only					Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

2012 09 30 2012 Report Covering the Period: 09 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 81050.51 January 1, 2012 (b) Cash on Hand at 146246.29 Beginning of Reporting Period..... 122887.75 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 146246.29 203938.26 6(a) and 6(c) for Column B)..... 16202.63 73894.60 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 130043.66 130043.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:	Iotal IIIIs Period	Galendar fear-to-Date		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	0.00	116921.25		
(i) Romized (use Schedule A)				
(ii) Unitemized	0.00	5821.50		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)	0.00	122742.75		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	0.00	122742.75		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
B. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	7	7 7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	145.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,			
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
=				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	122887.75		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	0.00	122887.75		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			Caroniaa Tour to Duto		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating	152.63	418.60		
	Expenditures(c) Total Operating Expenditures	132.03	410.00		
	(add 21(a)(i), (a)(ii), and (b))▶	152.63	418.60		
	Transfers to Affiliated/Other Party Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees				
	and Other Political Committees	13500.00	57000.00		
	Independent Expenditures (use Schedule E)	0.00	0.00		
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Other Disbursements	2550.00	16476.00		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16202.63	73894.60		
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	16202.63	73894.60		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	122742.75
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	122742.75
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	152.63	418.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	152.63	418.60

S 17

SCHEDULE B (FEC Form 3)	()	FOR LINE NUMBER: PAGE 6 OF 10					
•	Use separate schedule(s	FOR LINE NUI	NOMBEIT.				
ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
And information popilar from 1991 By	Otatamanta maggirat ha sall						
Any information copied from such Reports a or for commercial purposes, other than using	nu statements may not be sold or u the name and address of any polit	sed by any person t cal committee to so	or the purpose of soliciting contributions licit contributions from such committee.				
NAME OF COMMITTEE (In Full)	, the hame and address of any point	car committee to co	non communication from cach communico.				
1 \	COOD COVEDNIMENT	CLIND					
$ \hspace{.05cm} \rangle$ LIFEPOINT HOSPITALS IN(GOOD GOVERNMENT	FUND					
Full Name (Last, First, Middle Initial)							
A. Regions (formerly AmSouth)		۱ ا	Date of Disbursement				
Regions (formerly Amount)			M M / D D / Y Y Y Y				
Mailing Address 915 Deaderick Street			09 07 2012				
City	State Zip Code		Townseller ID ODOAD 0004				
Nashville	TN 37237		Transaction ID : SB21B.8361				
Purpose of Disbursement							
check order		<i>A</i>	Amount of Each Disbursement this Period				
Candidate Name		Category/	138.45				
		Туре	136.43				
	Disbursement For:						
Senate	Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
B. Regions (formerly AmSouth)		[Date of Disbursement				
Mailing Address 915 Deaderick Street			09 10 2012				
City	State Zip Code						
Nashville	TN 37237		Transaction ID : SB21B.8360				
Purpose of Disbursement	07207						
account analysis fees			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	14.18				
Office Sought: House	Disbursement For:	7.					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
C.		1	Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Fulpose of Disbursement							
Candidate Name			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Office Sought: House	Disbursement For:	Туре					
Senate	Primary General						
President	Other (specify)						
State: District:	Carior (openity)						
Side Side Side Side Side Side Side Side							
SUPPORAL of Dishursomente This Dage /s	ntional)	Į.	152.63				
SUBTOTAL of Disbursements This Page (c	μιιστια!)	·····					
TOTAL This Period (last page this line num	hor only)		152.63				

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 OF 10					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	26 30b
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or us dress of any politic	ed by any perso al committee to	on for the solicit co	purpose of ntributions f	soliciting o	ontribu: committ	tions ee.
	NAME OF COMMITTEE (In Full) LIFEPOINT HOSPITALS INC GOO	DD GO\	/ERNMENT	FUND					
Α.	Full Name (Last, First, Middle Initial)		AN CDICLIA	N 4	Date of	f Disbursem	ant		
Λ.	COMMITTEE TO ELECT MICHELI Mailing Address 2015 DIETZ PL NW	LE LUJ	AN GRISHA	IVI	09	/ 20	/ Y	y y y 2	Y
	City	Stata	Zip Code						
	ALBUQUERQUE	State NM	87107		Trans	action ID:	SB23.8351		
	Purpose of Disbursement campaign				Amoun	t of Each D	isbursemer	nt this !	Period
	Candidate Name MICHELLE GRISHAM			Category/ Type		-	. ,	2500	0.00
	Senate President	nent For: Primary Other (spe	General						
_	State: NM District: 01								
В.	Full Name (Last, First, Middle Initial) B. MANCHIN FOR WEST VIRGINIA			Date of Disbursement					
	Mailing Address PO BOX 5202	Address PO BOX 5202			09 / 20			2012	Y
	CHARLESTON	State WV	Zip Code 25361		Trans	saction ID:	SB23.8355	;	
	Purpose of Disbursement fundraiser				Amoun	t of Each D	isbursemer	nt this I	Period
	JOE, III MANCHIN			Category/ Type				5000	0.00
	X Senate	nent For: Primary Other (spe	X General						
C.	Full Name (Last, First, Middle Initial) MORGAN GRIFFITH FOR CONGR	RESS				f Disbursem			
	Mailing Address PO BOX 361				09	20		2012	Y
	City S CHRISTIANSBURG	State VA	Zip Code 24068		Trans	saction ID:	SB23.8354		
	Purpose of Disbursement fundraiser				Amoun	t of Each D	isbursemer	nt this i	Period
	Candidate Name H MORGAN GRIFFITH			Category/ Type				1000	0.00
	Office Sought: House Disburser	nent For: Primary Other (spe	X General				·		
H	SUBTOTAL of Disbursements This Page (optional)				Ë	-		8500	.00
I٦	OTAL This Period (last page this line number only)			·····			-		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 10				
ITEMIZED DISBURSEMENTS	ED DISPUDSEMENTS Use separate schedule(s) (check or		NOMBER.			
TILITIZED DIODOTTOLIVILITIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26			
	Dotalica Carifficity i age	27	28a 28b 28c 29 30l			
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
LIFEPOINT HOSPITALS INC GOO	DD GOVERNMENT	FUND				
Full Name (Last, First, Middle Initial)						
A. SEARCHLIGHT LEADERSHIP FU	ND		Date of Disbursement			
			M M / D D / Y Y Y			
Mailing Address 700 13TH STREET NW			09 20 2012			
SUITE 600	State Zin Code					
City S WASHINGTON	State Zip Code DC 20005		Transaction ID: SB23.8349			
Purpose of Disbursement	20003					
fundraiser		1 11	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
		Type	5000.00			
Office Sought: House Disburser						
	Other (specify) —					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
			M M / D D / Y Y Y			
Mailing Address						
211						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Туре				
Office Sought: House Disbursen						
Senate President	Primary General Other (specify)					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Oity	orate ZIP Code					
Purpose of Disbursement						
		L	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House But	ant For	Туре				
Office Sought: House Disburser Senate	nent For: Primary General					
President	Other (specify)					
State: District:	- (-1: -: -:::) / ♥					
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00			
		<u>-</u>				
TOTAL This Period (last page this line number only)			13500.00			

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 10				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 23 24 25 26			
		27	28a 28b 28c X 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)	and the second of the second					
LIFEPOINT HOSPITALS INC GO	OD GOVERNMENT	FUND				
		. 5.10				
Full Name (Last, First, Middle Initial)			Date of Disbursement			
A. Daniel Hall for State Senate	Daniel Hall for State Senate					
Mailing Address PO Box 339			09 24 2012			
Mailing Address PO Box 339			09 24 2012			
City	State Zip Code		T (1 ID ODG) 0050			
Oceana	WV 24870		Transaction ID: SB29.8358			
Purpose of Disbursement						
campaign Candidate Name			Amount of Each Disbursement this Period			
Daniel Hall for State Senate		Category/	300.00			
	ement For: 2012	Туре				
Senate	Primary X General					
President	Other (specify) ▼					
State: WV District: 09						
Full Name (Last, First, Middle Initial)						
B. Earl Ray Tomblin Re-Election Ca	mblin Re-Election Campaign		Date of Disbursement			
AA 92 A LL			M M / D D / Y Y Y Y Y			
Mailing Address PO Box 166			09 26 2012			
City	State Zip Code					
Chapmanville	WV 25508		Transaction ID: SB29.8346			
Purpose of Disbursement						
campaign contribution			Amount of Each Disbursement this Period			
Candidate Name Earl Ray Tomblin Re-Election Ca	mnaign	Category/	1000.00			
	ement For: 2012	Туре				
Senate	Primary Seneral					
President	Other (specify) ▼					
State: WV District:						
Full Name (Last, First, Middle Initial)	<u> </u>					
C. Gary L. Smith, Jr. Re-Election Ca	mpaign		Date of Disbursement			
M 20 A L L A A A A A A A A A A A A A A A A			M M / D D / Y Y Y Y			
Mailing Address PO Box 189			09 24 2012			
City	State Zip Code		. ,, , , , , , , , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
Norco	LA 70079		Transaction ID: SB29.8356			
Purpose of Disbursement campaign fundraiser	Purpose of Disbursement					
Candidate Name		Amount of Each Disbursement this Period				
Gary L. Smith, Jr. Re-Election Ca	mnaign	Category/	250.00			
	ement For:	Туре				
Senate	Primary General					
President	Other (specify)					
State: LA District: 19						
SUBTOTAL of Disbursements This Page (optional))	·····	1550.00			
		·				
TOTAL This Period (last page this line number on	ly)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 10				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)				
II LIVIIZED DISDUNSENIEN IS	for each category of the	21b	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c X 29 30b			
Any information copied from such Reports and Stater	ments may not be sold or us	sed by any nerso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
LIFEPOINT HOSPITALS INC GOO	DD GOVERNMENT	FUND				
Full Name (Last, First, Middle Initial)						
A. Stan Humphries for State Senate			Date of Disbursement			
Moiling Address 702 Cirling Fort Dd			09 05 2012			
Mailing Address 763 Sinking Fork Rd			09 05 2012			
City	State Zip Code					
Cadiz	KY 42211		Transaction ID : SB29.8347			
Purpose of Disbursement						
campaign			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Stan Humphries for State Senate	mont For 2010	Type	1333.00			
Office Sought: House Disburser Senate	ment For: 2012 Primary X General					
President	Primary					
State: KY District: 01	Cirici (opcony)					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type				
Office Sought: House Disburser	ment For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
.						
Mailing Address			M = M / D = D / Y = Y = Y			
City	State Zip Code					
Durage of Dishurages :-						
Purpose of Disbursement	Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period			
Canadato Namo		Category/ Type				
Office Sought: House Disburser	ment For:	1,400				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
			2550.00			
TOTAL This Period (last page this line number only))		∠550.00			